## **INSTRUCTIONS**

- 1. Leave No Blanks Where appropriate code items:
  - X = question not answered N =questions not applicable

Use only one character per item.

- Item numbers underlined are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
- Space is provided after sections for

## **SEVERITY RATINGS**

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation).

Each ratings is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note:** These severity ratings are

## **Addiction Severity Index**

Fifth Edition

## SUMMARY OF PATIENTS RATING **SCALE**

- 0 Not at all
- 1 Slightly
- 2 Moderately
- 3 Considerably

Page 1.

4 - Extremely

additional comments.	optional.	
G1. I.D. NUMBER	GENERAL INFORMATION	ADDITIONAL TEST RESULTS
G2. LAST 4 DIGITS OF SSN	NAME CURRENT ADDRESS	G21. Shipley C.Q. G22. Shipley I.Q.
G3. PROGRAM NUMBER		G23. Beck Total Score
G4. DATE OF ADMISSION Mth. Day Year	G13. GEOGRAPHIC CODE	G24. SCL-90 Total G25. MAST
G5. DATE OF INTERVIEW Mth. Day Year	G14. How long have you lived at this address? Years Months	G26.
G6. TIME BEGUN :	G15. Is this residence owned by your or your family?	G27 G28
G7. TIME ENDED :	G16. DATE OF Mth. Day Year	SEVERITY PROFILE
G8. CLASS:  1 - Intake 2 - Follow-up  G9. CONTACT CODE:  1 - In Person 2 - Phone  G10. GENDER:  1 - Male 2 - Female  G11. INTERVIEWER	G17. RACE  1 - White (Not of Hispanic Origin) 2 - Black (Not of Hispanic Origin) 3 - American Indian 4 - Alaskan Native 5 - Asian or Pacific Islander 6 - Hispanic - Mexican 7 - Hispanic - Puerto Rican 8 - Hispanic - Cuban 9 - Other Hispanic  G18. RELIGIOUS PREFERENCE  1 - Protestant 2 - Catholic 3 - Jewish 4 - Islamic 5 - Other	9 8 7 6 5 4 3 2 1
CODE NUMBER  G12. SPECIAL:  1 - Patient terminated 2 - Patient refused 3 - Patient unable to respond	6 - None  G19. Have you been in a controlled environment in the past 30 days?  1 - No 2 - Jail 3 - Alcohol or Drug Treatment 4 - Medical Treatment 5 - Psychiatric Treatment 6 - Other	Problems  Medical Employ/Support Alcohol Drug Legal Family/Social Psychiatric

G20. How many days?

	MEDICAL STATUS	
M1. How many times in your life have you been hospitalized for medical problems?  (Include o.d.'s, d.t.'s, exclude detox.)	M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)  0 - No  1 - Yes	M8. How important to you now is treatment for these medical problems?  Interviewer Severity Rating
M2. How long ago was your last hospitalization Years Months for a physical problem?  M3. Do you have any chronic medical problems which continue to interfere with your life?  M4. Are you taking any prescribed	Specify  M6. How many days have you experienced medical problems in the past 30 days?  For questions M7 & M8 please ask the patient to use the Patient's Rating Scale.	M9. How would you rate the patient's need for medicaltreatment?  **Confidence Rating**  Is the above information significantly distorted by:  **M10.* Patient's misrepresentation?*  0 - No 1 - Yes
medication on a regular basis for a physical problem? 0 - No 1 - Yes	M7. How troubled or bothered have you been by these medical problems in the past 30 days?	M11. Patient's inability to understand?  0 - No 1 - Yes
E	MPLOYMENT/SUPPORT STATU	JS
E1. Education completed Years Months	E10. Usual employment pattern, past 3 years.	E18. How many people depend on you for the majority of their food, shelter, etc.?
E2. Training or technical education completed  Months	1 - full time (40 hrs/wk) 2 - part time (reg. hrs.) 3 - part time (irreg., daywork) 4 - student 5 - service 6 - retired/disability	E19. How many days have you experienced employment problems in the past 30?
E3. Do you have a profession, trade or skill?  0 - No	7 - unemployed 8 - in controlled environment	For questions E20&E21 please ask patient to use the <b>Patient Rating Scale</b> .
1 - Yes Please Specify  E4. Do you have a valid driver's license?	E11. How many days were you paid for working in the past 30? (include "under the table" work.)	E20. How troubled or bothered have you been by these employment problems in the past 30 days?
0- No 1-Yes  E5. Do you have an automobile available for use? (Answer No if no valid	How much money did you receive from the following sources in the past 30 days?  E12. Employment	E21. How important to you now is counseling for these employment problems?
driver's license. ) 0-No 1-Yes  E6. How long was your longest full-time job? Years Months	(net income)  E13. Unemployment compensation  E14. DPA	Interviewer Severity Rating E22. How would you rate the patient's need for employment counseling?
E7. Usual (or last) occupation?	E15. Pension, benefits or social security	Confidence Rating  Is the above information significantly distorted by:
Specify in Detail	E16. Mate, family or friends (Money for personal	E23. Patient's misrepresentation ?
E8. Does someone contribute to your support in any way?	expenses)	E24. Patient's inability to understand?
E9. (ONLY IF "ITEM 8" IS YES ) Does this constitute the majority of your support?  COMMENTS	E17. Illegal	Page 2.

	DRUG/ALCOHOL USE	
Past 30 Lifetime Route Days Years Admin  D1. Alcohol - any use at all  D2. Alcohol to Intoxication	D14. Which substance is the major problem? Please code as above or 00 - No problem; 15 - Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient.	D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA).  How many days in the past 30 have you experienced:
		Experienced:  D26. Alcohol Problems? D27. Drug Problems?  For questions D28 - D31 please ask the patient to use the Patient's Rating Scale.  How troubled or bothered have you been in the past 30 days by these: D28. Alcohol Problems? D29. Drug Problems? How important to you now is treatment for these: D30. Alcohol Problems?  Interviewer Severity Rating  How would you rate the patient's need for treatment for: D32. Alcohol Abuse? D33. Drug Abuse?  Confidence Rating  Is the above information significantly distorted by: D34. Patient's misrepresentation? 0 - No 1 - Yes
COMMENTS		D35. Patient's inability to understand?  0 - No 1 - Yes  Page 3.

	LEGAL STATUS	
L1. Was this admission prompeted or suggested by the criminal justice system (judge, probation/parole officer, etc.)	<u>L17</u> . How many of these charges resulted in convictions?	L27. How many days in the past 30 have you engaged in illegal activities for profit?
0 - No 1 - Yes	How many time in your life have your charged with the following:	ou been
L2. Are you on probation or parole?  0 - No 1 - Yes	L18. Disorderly conduct, vagrancy, public intoxication	For questions <b>L28 &amp; L29</b> please ask the patient to use the <b>Patient's Rating Scale</b> .
How many times in your life have you been arrested and <u>charged</u> with the following:	L19. Driving while intoxicated	L28. How serious do you feel your present legal problems are? (Exclude civil problems)
L3 shoplifting/vandalism  L4 parole/probation violations	L20. Major driving violations (reckless driving, speeding, no license, etc.)	L29. How important to you now is counseling or referral for these legal problems?
<u>L5.</u> - drug charges	<u>L21.</u> How many months were you incarcerated in your life?	Months Interviewer Severity Rating
<u>L8.</u> - burglary, larceny, B&E <u>L9.</u> - robbery	L22. How long was your last incarceration?	L30. How would you rate the patient's need for legal services or counseling?
<u>L10.</u> - assault	L23. What was it for? (use codes	Confidence Rating
<u>L11.</u> - arson	3-16, 18-20. If multiple charges, code most severe)	Is the above information signficantly distorted by:
<u>L12.</u> - rape	<u>L24.</u> Are you presently awaiting	L31. Patient's misrepresentation?
L13 homicide, manslaughter	charges, trial or sentence? 0 - No 1 - Yes	
L14 prostitution	L25. What for? (If multiple charges,	L32. Patient's inability to understand?
L15 contempt of court	use most severe).	
<u>L16.</u> - other	L26. How many days in the past 30 were you detained of incarcerated?	
	Family History	
Have any of your relatives had what you would	call a significant drinking, drug use or p	sych problem - one that did or should have led to treatment?
Mother's Side Alc Drug Psych H1. Grandmother	H8. Mother  H9. Aunt	Psych Alc Drug Psych H11. Brother H12. Sister
H5. Uncle	H10. Uncle	$\Box$

**Direction:** Place "0" in relative category where the answer is clearly <u>no for all relatives in the category;</u> "1" where the answer is clearly yes for any <u>relative within the category;</u> "X" where the answer is <u>uncertain or "I don't know"</u> and "N" where there <u>never was a relatives from that category</u>. Code most problematic relative in cases of multiple members per category.

F1. Marital Status	Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all	How many days in the past 30 have you had serious conflicts:
1 - Married 4 - Separated	relatives in the category; "1" where the answer is clearly yes for any relative within the	F30. With your family?
2 - Remarried 5 - Divorced 6 - Never Married	category; "X" where the answer is uncertain or "I don't know" and "N" where there never was	F31. With other people? (excluding family)
F2. How long have you been	a relative from that category.	For questions <b>F32-F35</b> please ask the
in this marital status? Years Months (If never married, since age 18).	Would you say you have had close, long	patient to use the <b>Patient's Rating Scale</b> .
	lasting, personal relationships with any of the following people in your life:	
<u>F3.</u> Are you satisfied with this situation?	ionowing people in your me.	How troubled or bothered have you been in the past 30 days by these:
1 - Indifferent	F12. Mother	past 50 days by these.
2 - Yes	F13. Father	F32. Family problems
F4. Usual living arrangements (past 3 yr. )	F14. Brothers/Sisters	F33. Social problems
1 - With sexual partner and children	F16. Children	How important to you now is treatment or
<ul><li>2 - With sexual partner alone</li><li>3 - With children alone</li></ul>	F17. Friends	counseling for these:
4 - With parents		F24 F 3 11
5 - With family 6 - With friends	Have you had significant periods in which you have	F34. Family problems
7 - Alone	experienced serious problems getting along with:	F35. Social problems
<ul><li>8 - Controlled environment</li><li>9 - No stable arrangements</li></ul>	Past 30 In Your Days Life	Interviewer Severity Rating
ū	<u>F18.</u> Mother	Interviewer Severny Runnig
F5. How long have you lived in those	<u>F19.</u> Father	F36. How would you rate the patient's need for family and/or
arrangements? (If with Years Months	F20. Brothers/Sisters	social counseling?
parents or family, since age 18).	F21. Sexual partner/spouse	Confidence Rating
<u>F6.</u> Are you satisfied with these living	<u>F22.</u> Children	Confluence Ruling
arrangements?	F22. Children	Is the above information signficantly distorted by:
arrangements?  0 - No  1 - Indifferent	$\overline{}$	Is the above information signficantly distorted by:
arrangements? 0 - No	F23. Other signficant family	
arrangements?  0 - No  1 - Indifferent	F23. Other signficant family	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?
arrangements?  0 - No  1 - Indifferent  2 - Yes  Do you live with anyone who:	F23. Other signficant family  F24. Close friends  F25. Neighbors	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No  1 - Indifferent  2 - Yes  Do you live with anyone who:  0 - No 1 - Yes	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you?  0 = No 1 = Yes  Past 30 In Your Days Life	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time:	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you?  Past 30 In Your	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you?  0 = No 1 = Yes  Days  Life  F27. Emotionally (make you	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time: 1 - Family	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you?  0 = No 1 = Yes  Past 30 In Your Days Life  F27. Emotionally (make you feel bad through harsh words)?	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time: 1 - Family 2 - Friends 3 - Alone  F10. Are you satisfied with spending your free time this way?	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you?  0 = No 1 = Yes  Past 30 In Your Days Life  F27. Emotionally (make you feel bad through harsh	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time: 1 - Family 2 - Friends 3 - Alone  F10. Are you satisfied with spending your	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you? 0 = No 1 = Yes  F27. Emotionally (make you feel bad through harsh words)?  F28. Physically (caused you	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No  1 - Indifferent  2 - Yes  Do you live with anyone who:  0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time:  1 - Family  2 - Friends  3 - Alone  F10. Are you satisfied with spending your free time this way?  0 - No	F23. Other signficant family  F24. Close friends  F25. Neighbors  F26. Co-Workers  Did any of these people (F18-F26) abuse you? 0 = No 1 = Yes  Past 30 In Your Days Life  F27. Emotionally (make you feel bad through harsh words)?  F28. Physically (caused you physical harm)?	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No 1 - Indifferent 2 - Yes  Do you live with anyone who: 0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time: 1 - Family 2 - Friends 3 - Alone  F10. Are you satisfied with spending your free time this way? 0 - No 1 - Indifferent	F23. Other signficant family  F24. Close friends	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes
arrangements?  0 - No  1 - Indifferent  2 - Yes  Do you live with anyone who:  0 - No 1 - Yes  F7. Has a current alcohol problem?  F8. Uses non-prescribed drugs?  F9. With whom do you spend most of your free time:  1 - Family  2 - Friends  3 - Alone  F10. Are you satisfied with spending your free time this way?  0 - No  1 - Indifferent  2 - Yes  F11. How many close friends do you	F23. Other signficant family  F24. Close friends	Is the above information signficantly distorted by:  F37. Patient's misrepresentation?  0 - No 1 - Yes  F38. Patient's inability to understand?  0 - No 1 - Yes

	PSYCHIATRIC STATUS	
How many times have you been treated for any psychological or emotional problems?	P12. How many days in the past 30 have you experienced these psychological or emotional problems?	P21. How would you rate the patient's need for psychiatric/psychological treatment?
P1. In a hospital	For questions P12 & P13 please ask the patient to use the Patient's Rating Scale.	Confidence Rating  Is the above information significantly
P2. As an Outpatient or Private pt.	P13. How much have you been	distorted by:
P3. Do you receive a pension for a psychiatric disability?  0 - No 1 - Yes	troubled or bothered by these psychological or emotional problems in the past 30 days?	P22. Patient's misrepresentation? 0 - No 1 - Yes
Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:	P14. How important to you now is treatment for these psychological problems?	P23. Patient's inability to understand?  0 - No 1 - Yes
Past 30 In You Days Life  P4. Experienced serious	THE FOLLOWING HEMS ARE TO BE	
depression	At the time of the interview, is patient:	
P5. Experienced serious anxiety or tension	0 - No 1 - Yes	
P6. Experienced hallucinations	P15. Obviously depressed/withdrawn	
P7. Experienced trouble understanding, concentrating	P16. Obviously hostile	
or remembering	P17. Obviously anxious/nervous	
P8. Experienced trouble controlling violent behavior	P18. Having trouble with reality testing, thought disorders, paranoid thinking	
P9. Experienced serious thoughts of suicide	P19. Having trouble comprehending, concentrating, remembering	
P10. Attempted suicide	P20. Having suicidal thoughts	
P11. Been prescribed medication for any psychological emotional problem	COMMENTS	